

MAKING CONDOM USE AN ACCEPTED SOCIAL BEHAVIOR FOR YOUNG PEOPLE IN DEVELOPING COUNTRIES

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Complications associated with pregnancy, childbirth and unsafe abortion are the major causes of death for women ages 15-19, and half of all new HIV/AIDS cases are estimated to be among 15- to 24-year-olds. Consistent use of condoms is an effective strategy for preventing unwanted pregnancies, sexually transmitted infections (STIs) and HIV/AIDS.

Youth surveys and research show some alarming data about youth's sexual behavior. For example, a 1998 survey of 1,500 youth in Nicaragua showed that 67.5 percent of males and 32.2 percent of females engaged in premarital sex, but only 15.5 percent used any contraception the first time they had sex. Their reasons? Sex was not anticipated (39.5 percent), lack of knowledge that one needs to use contraception (32 percent), not necessary (17 percent), or lacked information on contraception (15 percent). In Zambia (Zambia Sexual Behavior Survey 1998), of those young people who had engaged in sex, 84 percent did not use condoms the last time they had sex. The 1996 Zambia Demographic and Health Survey showed that 64 percent of girls and 70 percent of boys think they are not at risk of contracting HIV. These data suggest that while many young adults are engaging in sexual activity, a large percentage do not believe they are at risk of pregnancy or disease, or need to protect themselves.

What is the solution? There is no easy answer. Results from projects in the developing world demonstrate the need to promote condoms for sexually active youth. Although there has been some success, more work needs to be done to break down access and psychosocial barriers of getting youth to use condoms consistently and correctly and to make condom use an acceptable social behavior. To overcome these obstacles, these issues must be addressed:

- ▣ Self-efficacy. For individuals to adopt preventive behaviors, they must believe they can put the behavior into practice without fail, feel it is accepted by their peers, and need models to emulate.
- ▣ Negotiation skills. Before engaging in sexual activity, both young women and young men must discuss with their partners the use of preventive methods such as condoms.
- ▣ Access. Access includes having convenient, youth-welcoming places to get condoms, range of condom distribution outlets, paying affordable prices, and obtaining correct information on use.
- ▣ Reproductive health information. Youth need correct information on fertility, STIs/HIV/AIDS, and contraception. Lack of knowledge about the need for protection against unwanted pregnancy and disease explains why many youth do not use contraception when they begin sexual relations.
- ▣ Prevalent social and cultural norms. Youth are confronted with social and cultural norms that praise males for sexual prowess and punish females for premarital sex, while rejecting preventive measures. Both boys and girls must be empowered to promote and practice safer sexual behaviors.
- ▣ Perceptions about condoms. In many countries, condoms are perceived as leading to promiscuity among unmarried youth. Many young people also cling to negative ideas about condoms.

More promotion and better access to condoms are not enough to bring about positive social norms for condom use. Programs designed to increase youth's adoption of safer sexual behaviors need to address more than supply-and-demand issues. To be more successful, programs must integrate different approaches, including behavior-change communication, social mar-

keting, counseling, clinical services, and peer outreach. Multifaceted programs incorporating psychosocial and access issues will help change social norms on sexuality and using preventive measures (condoms). Many programs have successfully increased condom use and changed attitudes about them, using the following strategies and approaches:

Behavior-change communication. Effective communication strategies have changed behaviors with intended audiences. In Uganda, the DISH (Delivery of Improved Services for Health) “Safer Sex or AIDS” communication campaign contributed to increasing knowledge, changing attitudes, promoting responsible sexual behavior, and persuading youth to adopt safer sex measures. Using an entertainment-education approach with such components as radio spots and programs, newsletters, concerts, song contests and print materials, the campaign demonstrated an increase from 46 to 70 percent of reported condom use among sexually active respondents. Of the 68 percent who listened to the radio programs, 61 percent reported taking action such as abstaining from sex, adopting safer sex practices, or talking to someone about sex. To be effective, communication programs should be theory driven; be research based; segment audiences (male, female, age-groups, primary and secondary audiences); provide a good media mix (e.g., TV, radio, networks/interpersonal, community mobilization); have youth participation; and use formats that youth like and are comfortable with (e.g., music, drama, video).

Social marketing: Social marketing has been successful in increasing availability and use of condoms in many countries. Social marketing needs to promote condoms by engaging people, reaching them emotionally, and persuading them that condom use is important, easily accessible, and a social norm. As Population Services International’s (PSI) SMASH (Social Marketing for Adolescent Sexual Health) program in Africa demonstrated, social marketing programs that integrate a mix of media and interpersonal communication (radio programs, peer counseling) with increased access to condoms through “youth-friendly” outlets (pharmacies and clinics), reach is expanded, and youth participation in the program is guaranteed. Program results also showed increased youth awareness of the benefits of protecting themselves against AIDS and unwanted pregnancy and in reducing barriers to condom use.

Providers and clinics: Youth should feel they can access reproductive health services and products without being judged or condescended to. If programs promoting condom use are to be effective, health providers must offer a space for adolescents to talk and get

information, products, and services in a nonjudgmental way, i.e., become “youth friendly.” PSI research conducted in Africa found that youth feel providers lecture or intimidate them, whereas retailers treat them as customers. While youth may be able to get condoms more readily in retail outlets, health providers may miss opportunities to offer counseling and more information on pregnancy, STIs, HIV/AIDS, etc. In Zimbabwe, the National Family Planning Committee and JHU/CCP’s “Promotion of Youth Responsibility Project,” a multimedia campaign to increase young people’s knowledge of reproductive health issues and encourage healthy sexual behaviors, designated 26 clinics “youth friendly.” Staff were trained to communicate with and counsel youth effectively, and drama groups and peer counselors referred youth to these clinics. Results showed that 33.5 percent of sexually experienced youth with high exposure to the campaign sought services, as compared to 9 percent of those with low exposure.

Peer educators: Peer education can be an effective way to reach youth. When youth see that people like themselves have the same questions, fears, anxieties, and needs, they feel less isolated and more like others. Peer education programs in Nigeria and Ghana (West African Youth Initiative) showed an increase in participant attitudes and knowledge as well as in safer sex behavior. A post-intervention survey showed significant positive differences in knowledge and behaviors—including abstinence, number of sexual partners, and condom use—between participants and control group.

Dual protection. Condoms are the only method that protects against both STIs/HIV/AIDS and unintended pregnancies. Promoting dual protection can help position condoms as a method of protection for couples. In Nicaragua, JHU/PCS and PROFAMILIA marketed the BodyGuard condom to young people with dual protection messages. BodyGuard was positioned as a cool and modern contraceptive method. The dual protection messages were disseminated through TV and radio spots and print materials. PROFAMILIA sold 1.5 million condoms the first year of the campaign.

National-level policies. One way to help make condom use become socially acceptable is to ensure that national-level policies help promote, rather than hinder, access to condoms by youth. Some countries apply import duties to condom shipments, taxes on domestic manufacturers, and licensing requirements on condom sales. Policies promoting condoms must be supported. In many countries, condoms can be freely advertised in the media; however, government and media outlet restrictions still exist.